

Lourdes Little Lancers Extended Care Program

**The LLL facility is open Monday through Friday
From 7:00am-5:30pm**

This curriculum rich learning environment is available to any of our preschool or pre-k students who are enrolled at Lourdes Catholic School. The staff that work with the kids in this childcare setting follow the same curriculum that the school programs provide. Your child can grow in a positive Christian environment with their friends from school, extending their school day with fun and learning.

At the Little Lancer Center, your child will be transitioned to and from their preschool/pre-k class by the LLL staff. They will enjoy learning centers, outside playtime, arts & crafts, and time to play with their friends.

Snack is provided twice a day, once in the morning and once in the afternoon. A snack will include milk, water, or 100% juice.

Lunch is provided from the school Hot Lunch program, however you are welcome to bring a cold lunch from home

Nap time is available in the afternoon, but is not required. You will let the staff know in August whether your child should be encouraged to take a nap, or enjoy a quiet rest period. Cots, sheets, pillows, and blankets are provided for each child, both for the children who nap and the children who rest.

You will have the opportunity to build your own schedule for your child to attend the Little Lancer Program. For example, if you don't work on Fridays, and you want to keep your child home with you, you will sign up for your child to use the program 4 days a week. Although we do allow you the flexibility to choose your child's schedule, you will be billed weekly for that schedule, whether your child attends or not.

The facility is located at 1414 Mississippi Blvd. (located directly across the street from the school parking lot).

We will host an Open House at the facility on Saturday, March 11th, from 10:00am-12:00pm. At this time you will be able to tour the facility and pre-register your child. The fee for Pre-registration is \$25 per family. A final registration for the Lourdes Little Lancers Program will be held in August.

Your child will also be welcome to join the Lourdes Summer Program, which begins on Monday, June 5th and ends a few days before school begins. This program uses the Little Lancer Center, along with Lourdes School, and is open from 7:00-5:30 daily. More details will be sent home at a later date to register for the Summer Program.

If you have any questions, please email Beth Giese @ beth.giese@lourdes.pvt.k12.ia.us

**2017-18 Lourdes Little Lancer Extended Care Enrollment Form (LLL)
2-day & 3-day Preschool Students**

Child's Name: _____

Parents' Names: _____

You will be billed one weekly rate for the school year regardless of actual number of days attended during any given week. **The program will be in operation all days that school is open.** The program is closed on Holidays and days where school is cancelled. The 2nd and 3rd child attending from a family will receive a 10% discount.

A \$25 registration fee (per family) is required. A \$1.00 per minute late fee is assessed per child if picked up after 5:30 PM.

Circle Option 1, Option 2, or Option 3 below.

If choosing Option 3, you also need to circle which specific full and/or half days.

<p>2-day PS students – Full time wraparound care</p> <ul style="list-style-type: none"> • Includes 7:00 AM – 5:30 PM Monday through Friday • Includes lunch and snacks 	<p>OPTION 1: \$170/week</p>															
<p>3-day PS students – Full time wraparound care</p> <ul style="list-style-type: none"> • Includes 7:00 AM – 5:30 PM Monday through Friday • Includes lunch and snacks 	<p>OPTION 2: \$150/week</p>															
<p>2-day or 3-day PS students – Less than full time wraparound care</p> <ul style="list-style-type: none"> • Includes lunch and snacks • “Half day” rate includes either 7:00 AM–12:20 PM <u>OR</u> 11:30 AM–5:30 PM • “Full day” rate includes 7:00 AM-5:30 PM • <u>Circle which full days:</u> <table style="width:100%; text-align: center; margin: 10px 0;"> <tr> <td>Mon</td> <td>Tues</td> <td>Wed</td> <td>Thurs</td> <td>Fri</td> </tr> </table> <ul style="list-style-type: none"> • <u>Circle which half days:</u> <table style="width:100%; text-align: center; margin: 10px 0;"> <tr> <td>Mon AM</td> <td>Tues AM</td> <td>Wed AM</td> <td>Thurs AM</td> <td>Fri AM</td> </tr> <tr> <td>Mon PM</td> <td>Tues PM</td> <td>Wed PM</td> <td>Thurs PM</td> <td>Fri PM</td> </tr> </table>	Mon	Tues	Wed	Thurs	Fri	Mon AM	Tues AM	Wed AM	Thurs AM	Fri AM	Mon PM	Tues PM	Wed PM	Thurs PM	Fri PM	<p>OPTION 3: \$34/half day \$58/full day</p>
Mon	Tues	Wed	Thurs	Fri												
Mon AM	Tues AM	Wed AM	Thurs AM	Fri AM												
Mon PM	Tues PM	Wed PM	Thurs PM	Fri PM												

I understand that I will be billed a total weekly rate of _____ based on the schedule above unless I **give at least 2 weeks notice** that I am changing my schedule with the program.

Parent Signature _____ Date: _____

For any questions, please contact the Billing Office at billinglcs@gmail.com or 563.359.0345.

OFFICE USE ONLY: **TOTAL WEEKLY RATE:** _____

**2017-18 Lourdes Little Lancer Extended Care Enrollment Form (LLL)
4-Year Old Prekindergarten Students**

Child's Name: _____

You will be billed one weekly rate for the school year regardless of actual number of days attended during any given week. **The program will be in operation all days that school is open.** The program is closed on Holidays and days where school is cancelled. The 2nd and 3rd child attending from a family will receive a 10% discount.

A \$25 registration fee (per family) is required. A \$1.00 per minute late fee is assessed per child if picked up after 5:30 PM.

Circle Option 1 or Option 2 below.

If choosing Option 2, you also need to circle which specific full and/or half days.

<p>4-Year Old PreK students – Full time wraparound care</p> <ul style="list-style-type: none"> • Includes 7:00 AM – 5:30 PM Monday through Friday • Includes lunch and snacks 	<p>OPTION 1: \$130/week</p>										
<p>4-Year Old PreK students – Less than full time wraparound care</p> <ul style="list-style-type: none"> • Includes lunch and snacks • “Half day” rate includes either 7:00 AM–12:20 PM <u>OR</u> 11:30 AM–5:30 PM • “Full day” rate includes 7:00 AM-5:30 PM • <u>Circle if needing full day Friday:</u> Fridays • <u>Circle which half days:</u> <table style="width: 100%; text-align: center; margin-top: 10px;"> <tr> <td>Mon AM</td> <td>Tues AM</td> <td>Wed AM</td> <td>Thurs AM</td> <td>Fri AM</td> </tr> <tr> <td>Mon PM</td> <td>Tues PM</td> <td>Wed PM</td> <td>Thurs PM</td> <td>Fri PM</td> </tr> </table>	Mon AM	Tues AM	Wed AM	Thurs AM	Fri AM	Mon PM	Tues PM	Wed PM	Thurs PM	Fri PM	<p>OPTION 2: \$34/half day \$58/full day</p>
Mon AM	Tues AM	Wed AM	Thurs AM	Fri AM							
Mon PM	Tues PM	Wed PM	Thurs PM	Fri PM							

I understand that I will be billed a total weekly rate of _____ based on the schedule above unless I **give at least 2 weeks notice** that I am changing my schedule with the program.

Parent Signature _____ Date: _____

For any questions, please contact the Billing Office at billinglcs@gmail.com or 563.359.0345.

OFFICE USE ONLY: **TOTAL WEEKLY RATE:** _____

**LOURDES LITTLE LANCERS STUDENT INFORMATION
PRESCHOOL & PREKINDERGARTEN**

Name of child: _____

Birthday: _____ Grade/Class: _____

Home Address: _____

Does your child have any allergies? (I.e. food, seasonal, environmental)

May we apply topical treatments to your child? Please initial if permitted:

Sunscreen _____ Lotion (Aveeno) _____ Bug spray _____

Would you like your child to be encouraged to nap? _____

If yes, how long do you prefer they nap? _____

Please list two contacts. These contacts will be called in case of an illness or an emergency:

(Please list a parent/guardian first)

1. Name: _____ Relationship to child: _____

Cell #: _____ work/home # _____

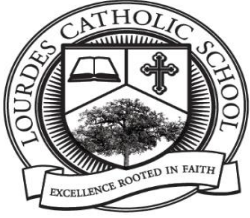
2. Name: _____ Relationship to child: _____

Cell #: _____ work/home # _____

Please list the email address(s) where you would like to receive our newsletters:
(Emergency notifications will be made by phone call)

How will your child go home each day?

In order to provide the best possible care for your child, please write down any other helpful information:



LOURDES CATHOLIC SCHOOL

SUNSCREEN APPLICATION PERMISSION FORM

Name of child: _____

Date: _____

By signing this form, I give permission for personnel at Lourdes Catholic School and its extended day care programs, to apply sunscreen to my child.

I understand they will apply a sunscreen product of SPF-15, or higher, as specified below, when my child will be playing outside, especially during the months of March through October, between 10:00am and 4:00pm. They may apply the sunscreen to exposed skin, including but not limited to the face, tops of the ears, nose, and bare shoulders, arms, and legs.

Please check all applicable information regarding the type and use of sunscreen for your child below.

____ I do not know of any allergies my child has to sunscreen.

____ Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.

____ I have provided the following brand/type of sunscreen for use on my child:

____ My Child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

____ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian Full Name (Print): _____

Parent/Guardian Signature: _____ Date: _____